



Submission for the Pre-Budget Consultations in Advance of the 2024 Federal Budget

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About the BC Crisis Line Network

The BC Crisis Line Network comprises ten regional crisis centres across British Columbia, collectively answering the 1800SUICIDE (1-800-784-2433) and 310Mental Health Support (310-6789) phone lines.

The Network operates 24/7/365 to provide lifesaving crisis intervention, suicide risk assessment, and strengths-based collaborative safety planning and follow-up to vulnerable British Columbians. We de-escalate 98% of crisis calls through compassionate listening, safety planning, and follow-up support.

Summary of Recommendations

Recommendation 1: That the government disentangles entrenched police forces from mental health crisis services by appropriately funding pathways to alternative non-police response programs, including pathways from 9-1-1 and 9-8-8 to local crisis lines and community-based mobile crisis response teams, and reviewing federal policy and legislation that perpetuate reliance on police as mental health first responders.

Recommendation 2: That the government create a permanent annual Canada Mental Health and Substance Use Health Transfer equivalent to 6% of provincial/territorial health care spending (\$2.65B) going to community based mental health services, including local crisis lines, and a mental health crisis response system nested in a robust health and social safety net.

Recommendation 3: That the government provide funding to update the Federal Framework for Suicide Prevention as per the 11 recommendations made by the Standing Senate Committee on Social Affairs, Science and Technology in the “Doing What Works: Rethinking the Federal Framework for Suicide Prevention” report.

Introduction

In Canada, suicide is the 9th leading cause of death overall¹ and 2nd leading cause of death for young adults². Effective suicide prevention requires looking at more than mental health because suicide stems from crisis, and crisis has many beginnings. Canadians need 24/7 access to crisis care that meets people where they are, provides culturally-safe socioeconomic and mental health support without relying on police and coercive psychiatric interventions, and continues care until the person in crisis is back in control of their lives.

The Federal Government has the power to make significant investments into coordinated systems of care that are flexible, cost-effective, and community-based to make sure that every Canadian experiencing a crisis can receive the care they need to get back on their feet.

¹ Statistics Canada. [Leading causes of death, total population, by age group](#). 2022.

² Government of Canada. [Suicide in Canada: Key statistics](#). 2023.

Recommendation 1: That the government disentangles entrenched police forces from mental health crisis services by appropriately funding pathways to alternative non-police response programs, including pathways from 9-1-1 and 9-8-8 to local crisis lines and community-based mobile crisis response teams, and reviewing federal policy and legislation that perpetuate reliance on police as mental health first responders.

A crisis occurs when the level of pain and distress a person is experiencing outweighs their available resources and coping strategies. Anyone can go into crisis, anywhere, anytime. Crisis can be experienced by people who have psychiatric illnesses, people with mental health issues, and people who are generally healthy. The vast majority of crisis events can be handled through community-based resources, and rarely warrant a police response.

The Crisis Centre of BC de-escalates 98% of calls it receives by providing emotional support and safety planning involving the caller's natural strengths and community support. Only 2% of calls require in-person intervention. Currently, our only 24/7 option for in-person intervention is to call 9-1-1, which typically results in a uniformed police response. We know a police response is usually traumatizing for the caller, and sometimes lethal, but current service availability, legislation, policies, and protocols prevent us from engaging with alternative systems and prevent the police from ceding control to mental health professionals once they are on scene.

The cost of unnecessary police dispatch is in dollars but also in the human cost of trauma. Police-led mental health interventions carry a high probability of trauma and lethal force³ for people already in crisis.

Legislation and policies that do not prioritize crisis lines and community mental health services lead to long wait times for police and ambulance response, crowded emergency rooms, and tragic stories of police over-response, especially for people who are racialized or unhoused.

³ Amar Ghelani, Margaret Douglin, and Alishau Diebold. [Effectiveness of Canadian police and mental health co-response crisis teams: A scoping review](#). Social Work in Mental Health. 2023.

A 2019 Canadian study⁴ on the use of police as “frontline mental health workers” found half of mental health calls responded to by police ended in apprehension under the *Mental Health Act*; only half the apprehensions met criteria for hospitalization. Police arriving at hospitals with an apprehended person are triaged low priority next to heart attacks and injury, and police can wait for hours with a person in crisis until a psychiatric assessment. When hospital admission is denied, the person in crisis is left to find their own way home on their own. This is a very expensive revolving door that makes people in crisis, especially those who are marginalized, less likely to reach out for help when they need it.

The BC Crisis Line Network recommends that the federal government disentangle police from mental health response by making an investment in community mental health services and reviewing and replacing federal legislation and policies that assume a police role is necessary in mental health crisis intervention.

Recommendation 2: That the government create a permanent annual Canada Mental Health and Substance Use Health Transfer equivalent to 6% of provincial/territorial health care spending (\$2.65B) going to community based mental health crisis response services, including local crisis lines.

Crisis intervention saves money immediately by avoiding unnecessary dispatch of police, fire and ambulance, unnecessary conveyance to Emergency Rooms, and unnecessary involuntary hospitalizations.

Crisis intervention saves money over the long term by providing trauma-informed and culturally appropriate care, reducing the traumatization of people in crisis, and preventing crisis relapse by solving issues the first time.

The COVID-19 pandemic changed how we live, work and understand our place within society. Communities experiencing a loss of social cohesion and a rise in *anomie* (a loss of confidence in usual social and community standards that guide meaning and behaviour in society) see a corresponding rise in “deaths of despair” - death by suicide

⁴ Krystle Shore and Jennifer A. A. Lavoie. [Exploring Mental Health-Related Calls for Police Service: A Canadian Study of Police Officers as ‘Frontline Mental Health Workers’](#). Policing: A Journal of Policy and Practice. 2019.

or overdose⁵. COVID also undermined community-based support resources, leading our society to resort to police, criminal justice systems and hospitals for support.

A great deal of public and government attention has focused on the actions of the few “prolific offenders” at the intersection of mental health and addictions and repeated criminal behaviour, including “stranger attacks.” In a 2022 report commissioned by the BC government, “*A Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia*⁶,” these high-profile incidents are easily linked to mental health crisis, untreated addiction, lack of housing, and lack of financial security. As one Crown prosecutor observed:

I suspect there are many reasons [for the increase in stranger attacks], the pandemic being the primary factor with social isolation and break down of community when they already had challenges. Increases in anger and resentment combined with mental illness. They feel isolated and alone and angry and don't have an outlet for their frustration and add in the toxic drug supply and the deaths of their friends from overdoses. Government needs to rebuild community. (p119)

Health care is complex, but solutions can be simple. A community-based mental health crisis response system embedded in an accessible social and health safety net provide the least expensive, least intrusive, and most effective way to care for people in emotional distress and mental health crisis. Increased funding to local crisis lines, and to the community-based mental health services needed to resolve crisis, invests dollars where they can do the most good.

We propose adopting a mental health crisis response system based on best practices in the United States⁷, including:

- 24/7 crisis phone/chat/text services as a first response
- Mobile crisis response teams where in-person response is necessary

⁵ Thomas F. Remington. [The Covid-19 Pandemic and “Rising Deaths of Despair” in the United States](#). Covid-19 Pandemic Problems Arising in Health and Social Policy. 2023.

⁶ Amanda Butler & Doug LePard, [A Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia](#). Province of BC. September 2022.

⁷ Substance Abuse and Mental Health Services Administration. 2020. [National Guidelines for Behavioral Health Crisis Care](#).

- Community-based crisis respite facilities outside of the hospital and justice systems

The system follows least restrictive, least cost principles, preserving high-cost police and hospital resources while reducing unnecessary trauma experienced by those in crisis. Police may be involved when there is a specific safety or criminal concern, but are able to rapidly transfer individuals in mental health crisis to mental health professionals.

The BC Crisis Line Network recommends that the federal government create ongoing federal funding by allocating provincial transfer payments of \$2.65B dedicated to community mental health services as part of the mental health crisis response system that can be the safety net to catch people before, during, and after a crisis occurs.

Recommendation 3: That the government provide funding to update the Federal Framework for Suicide Prevention as per the 11 recommendations made by the Standing Senate Committee on Social Affairs, Science and Technology in the “Doing What Works: Rethinking the Federal Framework for Suicide Prevention” report.

According to the *Doing What Works: Rethinking the Federal Framework for Suicide Prevention* report created by the Standing Senate Committee on Social Affairs, Science and Technology, with the exception of a slight decrease in 2020, the suicide rate in Canada has remained consistent since the year 2000. The Federal Framework for Suicide Prevention, established in 2016, has not had a significant impact on preventing Canadians from dying by suicide.

In our experience on the crisis lines, mental illness is one piece of an interlocking set of intractable problems. Crisis happens when the level of pain and distress a person is experiencing outweighs their resources and coping strategies. Mental illness is only one factor that increases a person’s risk of dying by suicide; other factors include housing instability, experiences of discrimination, unemployment, and lack of access to health services⁸.

⁸ Public Health Agency of Canada. [Suicide: risks and prevention](#). 2016; and, Adam Skinner et al. [Unemployment and underemployment are causes of suicide](#). *Science Advances*. 2023; and, Digvijay Goel, Brian Dennis, Sarah K. McKenzie. [Is suicide a mental health, public health or societal problem?](#). *Current Opinion in Psychiatry*. 2023.



To reduce national suicide rates, a national suicide prevention plan needs to include:

- means-prevention initiatives, like suicide barriers on bridges;
- early education for youth;
- accessible and appropriate mental health care; and
- healthy social safety nets to keep people out of economic despair

The BC Crisis Line Network recommends that the federal government make an investment towards updating and improving the Federal Framework for Suicide Prevention based on the the Standing Senate Committee on Social Affairs, Science and Technology's recommendations to reduce the human and financial toll of suicide in Canada.